

**TEXAS DEPARTMENT OF HEALTH  
ORDER TO IMPLEMENT AND CARRY OUT MEASURES  
FOR A CLIENT WITH TUBERCULOSIS**

To: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
\_\_\_\_\_ (Phone #) \_\_\_\_\_

I have reasonable cause to believe that your diagnosis, based on information available at this time, is (probably/definitely) TUBERCULOSIS, which is a serious communicable disease. By the authority given to me by the State of Texas, Health and Safety Code, section 81.083, I hereby order you to do the following:

1. Keep all appointments with clinical staff as instructed.
2. Follow all medical instructions from your physician or clinic staff regarding treatment for your tuberculosis.
3. Come to the Public Health Department Clinic or be at an agreed location and time for taking Directly Observed Therapy (DOT).
4. Do not return to work or school until authorized by your clinic physician.
5. Do not allow anyone other than those living with you or health department staff into your home until authorized.
6. Do not leave your home except as authorized by your clinic physician.
7. Special Orders - see reverse side.

YOU MUST UNDERSTAND, INITIAL AND FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS ORDER.

This order shall be effective until you no longer need treatment for TUBERCULOSIS.

If you fail to follow these orders, court proceedings may be initiated against you as dictated by State law. After a hearing, the Court may order you to be hospitalized at The Texas Center for Infectious Diseases in San Antonio or another facility. The Court also has the option to order you to go to treatment at a health clinic. The court proceedings could also include having you placed in the custody of the County Sheriff until the hearing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Health Authority of \_\_\_\_\_ City/County

Acting Health Authority \_\_\_\_\_

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Please sign in the space provided below to show that you received these orders and understand them.

I hereby acknowledge that I received a copy of these orders and understand them.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(client's signature)

Witness \_\_\_\_\_ Date \_\_\_\_\_